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# Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	11844	
Facility Name:	Glendale I	Memorial Hospital and Health Center
Address:	1420 S. C	entral Ave.
City:	Glendale	
Hospital Owner/Lice	ensee:	Glendale Memorial Hospital and Health Center
Year of Rep	orting:	2010
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	Robert S. Omens
Submission	Date:	1/25/2011 3:00:00 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	g Extension Date	Anticipated Completion Date
03	Radiology Addition A	1420 S. Central Ave.	Retrofit	SPC2	01/01/2015	01/01/2013
04	Radiology Addition B	1420 S. Central Ave.	Retrofit	SPC2	01/01/2015	01/01/2013
05	South Tower	1420 S. Central Ave.	Retrofit	SPC2	01/01/2015	01/01/2013
06	Juncture Building	1420 S. Central Ave.	Remove	N/A	01/01/2015	08/22/2013
07	Patient Tower	1420 S. Central Ave.	Retrofit	SPC2	01/01/2015	01/01/2013

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#### Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: 01 **Building Name: Original Building** Type of Service Provided Obstetrical Surgical Inpatient Inpatient 0 Nursing Recovery Days Beds Newborn/ IntensiveCare Inpatient Days Inpatient 0 Anesthesia WellBaby **Beds Emergency** Clinical Lab Inpatient Days Inpatient 0 Pediatric/Adol escent **Beds** Nuclear Radiological/ Medicine Imaging **Psychiatric** Inpatient Days ol Inpatient Nursing Beds Pharmaceutical Rehabilitation Obstetrical Inpatient Inpatient Days Dietetic Therapy Ante/Postprtum Beds

0

0

0

Renal Dialysis

Outpatient

Central Plant

Surgery

Administration

Support

Services

Obstetrical

Cesarean/Deliv

Report Status: **Data Last Update**: 01/11/2011 **Submission Date**: 01/25/2011 **Print Date**: 1/26/2011 8:38 AM

Inpatient Days

Inpatient Days

0

Total Beds this

**Building** 

Intermediate

Skilled Nursing

Care

Inpatient

Inpatient

**Beds** 

**Beds** 

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildi	ng Name: 1942 Building		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0  Total Beds this	Support Services  Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	0000.00.720	Central Plant

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildir	ng Name: Radiology Addition A					
Type of Service Prov	Type of Service Provided						
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0  Total Beds this	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery			
		Total Beds this Building	CESaleal/Deliv	Central Plant			

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 04	Buildi	ng Name: Radiology Addition B					
Type of Service Prov	Type of Service Provided						
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery			
		Total Beds this Building	Cesarean/Deliv	Central Plant			

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 05	Buildi	ng Name: South Tower					
Type of Service Prov	Type of Service Provided						
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	X Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
X Psychiatric Nursing	Inpatient Beds	49 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
X Obstetrical Ante/Postprtum	Inpatient Beds	16 Inpatient Days 2895	Pharmaceutical  X Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0  Total Beds this 65	Support Services  X Obstetrical Cesarean/Deliv	Outpatient Surgery			
		Building	Gesalean/Denv	Central Plant			

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 06	Buildi	ng Name: Juncture Building					
Type of Service Prov	Type of Service Provided						
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery			
		Total Beds this Building	Cesarean/Deliv	Central Plant			

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#### Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 07	Buildi	ng Name: Patient Tower					
Type of Service Prov	Type of Service Provided						
X Nursing	Inpatient Beds	194 Inpatient 41797 Days	Surgical	Obstetrical Recovery			
X IntensiveCare	Inpatient Beds	13 Inpatient Days 1945	Anesthesia	X Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging  Pharmaceutical	Nuclear Medicine			
X Obstetrical Ante/Postprtum	Inpatient Beds	8 Inpatient Days 1782	Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration  X Support	Renal Dialysis			
X Skilled Nursing	Inpatient Beds	30 Inpatient Days 0	Services	X Outpatient Surgery			
		Total Beds this Building 245	Cesarean/Deliv	Central Plant			

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Building Number:	01 B	uilding Name: Orig	inal Building		
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	02	Building Name:	942 Building		
Medical / Surgical	(Include GYN)	Acute Respirat	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	03	Building Name: Ra	diology Addition A		
Medical / Surgical	(Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	04	Building Name: Radi	ology Addition B		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	05	Building Name: Sou	uth Tower		
Medical / Surgical	(Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 49 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 16 Bed	Inpatient 2895 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	65	64

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Building Number:	06 E	Building Name: Juno	ture Building		
Medical / Surgical (	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number: 07	Building Name: Patient Tower	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 180 Inpatient 3947 Bed Days 5	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing
Inpatient 8 Inpatient 1782 Days	Inpatient 0 Inpatient 0 Days	Inpatient 30 Inpatient 0 Bed Days
Pediatric	intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Inpatient 0 Days	Inpatient 13 Inpatient 1945 Bed Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Inpatient 0 Days	Inpatient 14 Inpatient 2322 Bed Days	Inpatient 0 Inpatient 0 Days
Coronary Care	Chemical Dependency	Total Beds this Building Per Unit Total Beds this Building Per Service
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	245 194

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed		
01	Original Building			
02	1942 Building	$\overline{\sqcap}$		
03	Radiology Addition A	$\overline{\sqcap}$		
04	Radiology Addition B			
05	South Tower			
06	Juncture Building	X		
07	Patient Tower	$\overline{\sqcap}$		
08	Heart and Emergency Center	$\overline{\sqcap}$		
09	Central Plant			
10	Mechanical Building			

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Provide the number of from acute care service			type of service for the year of 20	008, 2009 and 2010 for build	lings to be removed
Building 06 Number:	Building Name:	Juncture B	uilding	Year of Information:	2008
				Information Current As Of:	09/17/2010
<u>Type of Services</u> <u>Provided</u>					
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds Total Beds this	0	Administration		
	Building	U			

Report Year: 2010 11844 Glendale Memorial Hospital and Health Center Glendale Page:20 of 47 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Juncture Building 2009 06 Year of Building Building Information: Number: Name: 09/17/2010 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby Imaging Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds Total Beds this 0

Report Status: **Data Last Update:** 01/11/2011 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM

Building

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)								
Building 06 Number:	Building Name:	Juncture B	uilding	Year of Information:	2010			
				Information Current As Of:	09/17/2010			
Type of Services Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	Anesthesia					
Pediatric/Adol	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
escent  Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0	Administration					
	Total Beds this Building	0						

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For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building I	Number: 01	Original B	uilding			Removal Date:	[	08/22/2013
	Uses for the building tuse for building: Clir		red from acute care	e service: Jurisdiction:	OSHPD			
Inpatient	services currently deli	vered in the	e building:					
	Nursing		Surgical		Obstetrical Cesarean/Deliv			Rehabilitation Therapy
	IntensiveCare		Anesthesia	_				
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery			Renal Dialysis
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	·			Central Plant
	Intermediate Care		Dietetic		Emergency			
	Skilled Nursing		Administration		Nuclear Medicine		Ш	Support Services

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For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building N	Number: 02	1942 Build	ding			Removal Date:	[	08/22/2013
	Uses for the building tuse for building:		red from acute care	e service: Jurisdiction:	OSHPD			
<u>Inpatient</u>	services currently deli	vered in the	e building:					
	Nursing		Surgical		Obstetrical Cesarean/Deliv			Rehabilitation Therapy
	IntensiveCare		Anesthesia					
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery			Renal Dialysis
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		·			Central Plant
	Intermediate Care		Dietetic		Emergency			Ochiai i iaiit
	Skilled Nursing		Administration		Nuclear Medicine			Support Services

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For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A)

The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B)

The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building I	Number: 06	Juncture I	Building			Removal Date:	[	08/22/2013				
Planned Uses for the building to be removed from acute care service:												
Planned use for building: Clinic Jurisdiction: OSHPD												
<u>Inpatient</u>	services currently del	ivered in th	e building:									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Ш	Rehabilitation Therapy				
	IntensiveCare		Anesthesia									
	Pediatric/Adol escent		Clinical Lab	Ц	Obstetrical Recovery			Renal Dialysis				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery				
	Obstetrical Ante/Postprtum		Pharmaceutical	П	·			Central Plant				
	Intermediate Care		Dietetic		Emergency			Ochidi Flant				
	Skilled Nursing		Administration		Nuclear Medicine			Support Services				

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01	Building Name:	Original Building									
Type of Service Provided  Surgical Obstetrical Rehabilitation												
_	News		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy						
	Nursing		Anesthesia			Donal Dialysis						
	IntensiveCare		7	Obstetrical Recovery		Renal Dialysis						
	Pediatric/Adol escent		Clinical Lab	Newborn/		Outpatient Surgery						
	Psychiatric		Radiological/ Imaging	<b>WellBaby</b>								
	Nursing		Pharmaceutical	Emergency		Central Plant						
	Obstetrical Ante/Postprtu	m   _	_	Nuclear		Support						
			Dietetic	Medicine		Services						
	Intermediate Care		Administration									
	Skilled Nursin	g										

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02	Building Name:	19	42 Building			
Type of Service	e Provided						
				Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	Nursing		$\neg$	Anesthesia			
	IntensiveCare		_	Allesinesia	Obstetrical Recovery	Renal Dialysis	
	Pediatric/Adolescent	,   L		Clinical Lab		Outpatient	
	escent			Radiological/ Imaging	Newborn/ WellBaby	Surgery	
	Psychiatric Nursing			Pharmaceutical	Emergency	Central Plant	
	Obstetrical Ante/Postprtu	ım			Nuclear	Support	
	, and, a coupito			Dietetic	 Medicine	Services	
	Intermediate Care		_				
	Caro			Administration			
	Skilled Nursin	ng					

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03	Building Name:	Radiology Addition A		
Type of Servic	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare			Obstetrical Recovery	Renal Dialysis
П	Pediatric/Ado escent	,   [	Clinical Lab		Outpatient
			Radiological/ Imaging	Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	m		Nuclear	Support
	, into/i cotpitu		Dietetic	Medicine	Services
	Intermediate Care		Administration		
	Skilled Nursin	g			

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	04	Building Name:	Radiology Addition B		
Type of Servic	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia	_	
	IntensiveCare	,	_	Obstetrical Recovery	Renal Dialysis
	Pediatric/Ado escent	,   L	Clinical Lab	Newborn/	Outpatient Surgery
	Psychiatric		Radiological/ Imaging	WellBaby	0 ,
	Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	m [	Dietetic	Nuclear Medicine	Support Services
	Intermediate Care		Administration		
	Skilled Nursin	g			

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	05	Building Name:	South Tower		
Type of Service	e Provided				
			Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare	_	_	Obstetrical Recovery	Renal Dialysis
П	Pediatric/Adol	L	Clinical Lab	Novebour /	Outpatient Surgery
			Radiological/ Imaging	X Newborn/ WellBaby	 Surgery
X	Psychiatric Nursing		Pharmaceutical	Emergency	Central Plant
X	Obstetrical Ante/Postprtu	m   _	7	Nuclear Medicine	Support Services
		<u> </u>	Dietetic	weuchie	Services
	Intermediate Care	X	Administration		
	Skilled Nursin	g			

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	06	Building Name:	Juncture Building		
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare	,		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol	,   L	Clinical Lab	<b>—</b>	Outpatient
_	escent		Radiological/ Imaging	Newborn/ WellBaby	Surgery
Ш	Psychiatric Nursing		Pharmaceutica	al Emergency	Central Plant
	Obstetrical Ante/Postprtu	m		Nuclear	Support
	7 tillo/1 ostpitu	'''   [	Dietetic	Medicine	Services
	Intermediate Care		Administration		
	Skilled Nursin	g			

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	07	Building Name:	Patient Tower			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia			
X	IntensiveCare	,		Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado	ı   <u> </u>	X Clinical Lab	V	X	Outpatient
			Radiological/ Imaging	X Newborn/ WellBaby		Surgery
Ш	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
X	Obstetrical Ante/Postprtu	m   [	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care		Administration			
X	Skilled Nursin	ng				

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	r: 01	Building Na	me: Original Buildi	ng			
Configuration :	Remove from GAC	Service by	1/1/2015				
Type of Servi	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
I I	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	П	Central Plant
	Intermediate Care		Dietetic				
	Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	02	Building Na	me: 1942 Building			
Configuration:	Remove from GAC	Service by	1/1/2015			
Type of Servic	e Provided					
	lursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
l I	rediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical .nte/Postprtum		Pharmaceutical	П	Emergency	Central Plant
	ntermediate		Dietetic			
	care skilled Nursing		Administration		Nuclear Medicine	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	: 03	Building Na	me: Radiology Add	dition A		
Configuration :	Remove from GAC	service by	1/1/2030			
Type of Servi	ce Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	Central Plant
	Intermediate Care		Dietetic			
	Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	04	Building Na	me: Radiology Add	dition B		
Configuration .	Remove from GAC	service by	1/1/2030			
Type of Servi	ce Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	Central Plant
	ntermediate		Dietetic			
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	05	Building Na	me: South Tower			
Configuration :	Remove from GAC	Service by	1/1/2030			
Type of Service	Provided					
Nu	ursing		Surgical	X	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery	
	ychiatric ursing		Radiological/ Imaging	X	Newborn/ WellBaby	Outpatient Surgery
1/ 1	ostetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
☐ Int	ermediate	X	Dietetic		Lineigency	Contrait lant
— Ca	are illed Nursing	X	Administration		Nuclear Medicine	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	06	Building Na	me: Juncture Build	ing		
Configuration:	Remove from GAC	Service by	1/1/2015			
Type of Service	e Provided					
	lursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
1 1	Pediatric/Adol scent		Clinical Lab		Recovery	
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	ntermediate		Dietetic			
	care skilled Nursing		Administration		Nuclear Medicine	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numb	er: 07	Building Na	me: Patient Tower				
Configuration:	Remove from GAC	Service by	1/1/2030				
Type of Ser	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab	_	Recovery	_	
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
X	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant
	Intermediate Care		Dietetic				0
X	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	: 08 Building Name: Heart and Emergency Center							
Configuration .	Retrofit Conformin	g building to	NPC 4 or NPC 5					
Type of Servi	ce Provided							
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X I	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant	
	ntermediate		Dietetic					
	Care Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services	

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	: 09	Building Na	me: Central Plant			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Servi	ce Provided					
	Nursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab	 Recovery	_	
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	Emergency	X	Central Plant
	Intermediate		Dietetic			
	Care Skilled Nursing		Administration	Nuclear Medicine	X	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	10	Building Nar	me: Mechanical Buildir	ng			
Configuration :	Retrofit Conforming	g building to	NPC 4 or NPC 5				
Type of Service	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	termediate		Dietetic		<b>ge</b> e,		2 2 3 3 4 3 3 3
	are killed Nursing		Administration		Nuclear Medicine		Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:										
Type of Service Pr	Type of Service Provided									
Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
X IntensiveCare	Inpatient Beds	24	X	Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtu	Inpatient m Beds	0	X	Pharmaceutical	X Emergency	Central Plant				
Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Support Services				
Skilled Nursin	g Inpatient Beds	0		Administration						
Total Beds thi Building	s	24								

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 09										
Type of Service Prov	Type of Service Provided									
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0		Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant				
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services				
Skilled Nursing	Inpatient Beds	0		Administration						
Total Beds this Building		0								

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Build	ing Number: 10					
Тур	e of Service Prov	<u>rided</u>				
	Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0	Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
	Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0	Administration		
	Total Beds this Building		0			

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	08 Build	ling Name: Hear	t and Emergency Center				
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days		
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / develop	ment		
Inpatient 12 Bed	Inpatient 2219 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 12 Bed	Inpatient 2219 Days	Inpatient 0 Bed	Inpatient 0 Days	24	0		

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	09 Build	ding Name: Cent	ral Plant			
Medical / Surgical (In	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		patient 0 ays	
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		patient 0	
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card		
Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		patient 0 ays	
Intensive Care		Rehabilitation Center		Int. Care / developmer Disabled	nt	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		patient 0	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	10 Build	ling Name: Mec	hanical Building			
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	